

Hotel/Motel Monthly Return of Hotel Tax pursuant to C.C.C. §371.01 et. seq. and/or FRANKLIN COUNTY CONVENTION FACILITIES AUTHORITY (FCCFA) pursuant to O.R.C. §361.01et. seq.

	LODGING WITHIN COLUMBUS	LODGING OUTSIDE COLUMBUS BUT WITHIN FRANKLIN COUNTY
1. Gross Receipts - all Hotel and Motel Lodging furnished to Guests.....	\$	\$
2. Exempt Receipts - Permanent Guests (those with continuous Lodging over 30 days)		
3. Other exemptions (attach copy of Exemption Certificate)		
4. Total Exempt Receipts (add Lines 2 and 3).....		
5. Net Taxable Receipts (Line 1 less Line 4).....		
6. Tax Due to Columbus, Ohio (Enter 5.1% of Line 5)..		
7. Tax Due to F.C.C.F.A. (Enter 4.9% of Line 5).....		
8. Tax Due to F.C.C.F.A. (Enter 4% of Line 5).....		
9. Credit or Debit (over or underpayment in prior months)....		
10. Penalty (enter 10% of Lines 6 and 7 or Line 8)		
11. Total Tax Due (sum of Lines 6, 7, 8, 9 and 10).....	\$	\$

Make remittance payable to: **CITY TREASURER** and mail with completed return.

All information, remittance and correspondence regarding this return should be addressed to:

ATTN: EXCISE TAX
Columbus Income Tax Division
PO Box 183190
Columbus, OH 43218-3190

FOR MONTH ENDING
DUE ON OR BEFORE

TOTAL TAX DUE
\$

10% PENALTY IF RECEIVED AFTER DUE DATE.

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

(Signature)

(Print or Type Name of Signator)

(Official Title)

NAME & ADDRESS

Rev.10/29/12

ORIGINAL TO BE MAILED TO INCOME TAX DIVISION

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Form H-1 Rev. 10/29/12

TAXPAYER COPY - RETAIN FOR YOUR FILES.